



APPLICATION FOR ANNUAL TANK DECOMMISSIONING PERMIT

Fee: None

Permit Code: 6101

Application Information (please print or type):

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

OWNER'S NAME: _____
(If Corporation, name of registered agent)

NAME OF REGULAR CONTACT PERSON: _____

WA STATE CONTRACTOR'S LICENSE NUMBER: _____

Please send the completed application to:

**SFD Fire Prevention Division
Permit Section
220 Third Avenue South
Seattle, WA 98104
Fax: (206) 386-9863**

Fire Department Use Only:

Date Application Received: _____

Approved By: _____

Application ID #: _____

Permit Number: _____